

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-586,688

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	2					
5	2	0				
6	1					
7		1				
8	1					
9	1					
10	1					
11	1	0				
12	0	1				
13	1	0				
14	0	1				
15	1	0				
16	0	1				
17	1	0				
18	0	1				
19	1	0				
20	0	3				
21	3	0				
22	1					
23		1				
24		1				
25	1					
26		1				
27	1					
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50						
TOTAL IND.	2		↓		↓	
TOTAL DEP.	32	←	←	←	←	←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						